

LETTER OF PAYMENT AGREEMENT

I/We, the undersigned, agree to pay \$[AGREED AMOUNT] per month starting [DATE], toward the accumulated cost-of-care contribution, which was determined to be \$[ORDERED AMOUNT] per month, for each and every consecutive month my/our [SON/DAUGHTER], [YOUTH NAME], was placed in out-of-home residential care. I/We will pay said amount every month until the balance of our cost-of-care obligation is \$0.00.

DATED this [date] day of [month], 20[year].

[FATHER NAME]

[MOTHER NAME]

Regional Administrative Officer

Date